DHS 8022 A (11/84)

(EPA 8700-22)

Sacramento, California Please print or type. (Form designed for use on elite (12-pitch) typewriter.) 1. Generator's US EPA ID No. UNIFORM HAZARDOUS Manifest 2. Page 1 Information in the shaded areas Document No. is not required by Federal WASTE MANIFEST 7 of A D O 8 6 5 1 0 0 3. Generator's Name and Mailing Address A.State Manifest Document Number Douglas Aircraft Co. **190th & Normandie** B.State Generator's ID Generator's Phone (533-6677 <u>Torrance.</u> <u>CA 90502</u> 5. Transporter 1 Company Name US EPA ID Number C.State Transporter's ID D.Transporter's Phone **J. C. Liquid Waste Disposa** Transporter 2 Company Name 5801836 E.State Transporter's 43 268-313 **US EPA ID Number** F.Transporter's Phone 9. Designated Facility Name and Site Address US EPA ID Number 10 G.State Facility's ID Triple J H.Facility's Phone 3650 E. 26th St. <del>Vernon, CA</del> 12.Containers 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) Total Quantity Unit No. Type Waste No. Wt/Vc G E a. N E Hazardowaswaste liquid NOS ORM-E 001 05000 G 221 P A T b. 0 R c. d. Additional Descriptions for Materials Listed Above K. Handling Codes for Wastes Listed Above Alkaline Soap 5% Grease 011 3% Water 90% 15. Special Handling Instructions and Additional Information Guide #31 Use gloves, goggles, respirator - Do not go near open flame or inhale fumes. If rejected, return to DAC 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. Date Printed/Typed Name Signature Month Day Year Donald C. Gerber 11) 1/2 17. Transporter 1 Acknowledgement of Receipt of Materials Date Printed/Typed Name Signature Month Day Year 117 K/2 18. Transporter 2 Acknowledgement of Receipt of Materials Date Printed/Typed Name Signature Month Day Year 19. Discrepancy Indication Space Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19. Date Printed/Typed Name Signature Month Day Year

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